

ST. LOUIS HEALTH DIVISION - ANIMAL REGULATION CENTER

2120 Gasconade St., St. Louis, Missouri 63118

(314) 353-5838 (314) 353-3691 FAX

Receipt Number: R07-005358

Receipt Date: 05 /03/07

Person Information: SEAN HOFFMAN

PID:P012027

Received From: SEAN HOFFMAN

Check No:

Phone: (314) 565-1537

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
MICROCHIP	A016629	095847287	\$10.00	1	\$10.00
LICENSE SN	A016629	L07-45717	4.00	1	4.00
EXAM	A016629	T07-014086	.00	1	.00
BORDATELLA VACC	A016629	T07-014087	5.00	1	5.00
VACCINATION	A016629	T07-014088	5.00	1	5.00
EXAM	A016629	T07-014129	.00	1	.00
CEPHALEXIN	A016629	T07-014130	.00	1	.00
RABIES INOCULATION	A016629		10.00	1	10.00
ADOPTION FEES	A016629		15.00	1	15.00

Total Fees Due: **\$49.00**

Payments:	Cash:	\$49.00
	Check:	\$0.00
	Credit Card:	\$0.00

Total Payments Received: **\$49.00**

Thank You!

Change:	\$0.00
Balance Due:	\$0.00

Animal Information:

A016629 PFIFER - 10 MONTHS OF AGE, FEMALE, ROTTWEILER/MIX, BLACK AND BROWN DOG

Treatment Information:

Type:	Animal#	Description:	Medication:	Cost:	Treat #	Date:
	A016629 PFIFER				T07-014086	03/19/07
BORDATELLA	A016629 PFIFER			\$5.00	T07-014087	03/19/07
DHPP	A016629 PFIFER			\$5.00	T07-014088	03/19/07
	A016629 PFIFER				T07-014129	03/21/07
	A016629 PFIFER		CEPHALEX 500		T07-014130	03/21/07

TOTAL MEDICAL FEES: **\$10.00**

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
L07-45717	05/03/08	A016629	05/03/07	12	05/03/08	\$4.00	LIC SN
095847287	05/03/08	A016629		12		\$10.00	MICROCHIP
TOTAL LICENSE FEES:							\$14.00

Shelter Hours

Monday - Friday 9:00AM - 2:00PM and 3:00PM - 4:30PM* Saturday 9:00AM - 4:00PM*

*Shelters CLOSED Sundays and Holidays

KIRRA

RABIES VACCINATION (1YR)

05/03/07

19-28 (REV 91ML)

HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES

Animal's Name: Pfifor Breed: rott mix
 Color: blk/tan Age 1yr Size: S M L XL Sex: M F S N
 Owner's Name: Hoffman Susan
 (LAST) (FIRST) (MIDDLE)

Address: 0

Telephone: _____ St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

K. Day

Signature of Health Officer or Agent

Kean KIRRA

Signature of Owner / Owner's Agent

City of St. Louis, Animal Regulation Center, 2120 Gasconade, St. Louis, MO 63118

VACCINATION/REGISTRATION NO.
<u>45717</u>
DATE OF VAC/REGISTRATION
<u>5/3/01</u>
VACCINE MANUFACTURER & LOT NO.
<u>Rabdomen</u>
CLINIC IDENTIFICATION
<u>ARC</u>
TYPE OF VACCINE
<input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 3 YEARS
REGISTRATION FEE:
\$ <u>4.00</u>

HILLSIDE ANIMAL HOSPITAL

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5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320

Invoice #: 45836

Date: 5/21/2007

Patient ID: 3204	Species: CANINE	Weight: 6.13	pounds
Patient Name: Rugger	Breed: ROTTWEILER	Birthday: 04/02/2007	Sex: Male
Description	Staff Name	Quantity	Total
5/21/2007 EXAMINATION WITH VACCINATIONS	Dr. Micah A. Young D.V.M.	1.00	\$40.00
5/21/2007 FECAL EXAMINATION (FLOTATION)		1.00	\$19.00
5/21/2007 DHP VACCINATION		1.00	\$20.00
5/21/2007 BORDETELLA VACCINATION		1.00	\$18.50
5/21/2007 Heartgard Plus Free Small		1.00	\$0.00
5/21/2007 Frontline Plus 22# Individual		1.00	\$0.00
5/21/2007 Metronidazole 250 mg		5.00	\$4.00
Patient Subtotal:			\$101.50

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

05/21/2008 EXAMINATION WITH VACCINATIONS
05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
05/21/2008 DHP VACCINATION

HILLSIDE ANIMAL HOSPITAL

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5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320
Invoice #: 45836
Date: 5/21/2007

Patient ID: 3205	Species: CANINE	Weight: 61.80 pounds	
Patient Name: Kirra	Breed: ROTTWEILER	Birthday: 06/21/2006	Sex: Spayed Female
Description	Staff Name	Quantity	Total
5/21/2007 Heartworm/Lyme/Erlichia/Anaplasmosis	Dr. Micah A. Young D.V.M.	1.00	\$38.00
5/21/2007 ANNUAL WELLNESS EXAMINATION		1.00	\$42.50
5/21/2007 FECAL EXAMINATION (FLOTATION)		1.00	\$19.00
5/21/2007 GIARDIA SNAP TEST		1.00	\$18.00
5/21/2007 Frontline Plus 45-88# Individual		1.00	\$0.00
5/21/2007 Heartgard Plus Large 12 Pack		1.00	\$98.00
5/21/2007 Metronidazole 500 mg		20.00	\$10.00
5/21/2007 EFA-VITE HP		1.00	\$19.38 T
5/21/2007 Simplicef Tabs 100mg		15.00	\$28.60
5/21/2007 Reglan (Metoclopramide)		1.00	\$17.00
5/21/2007 Fortiflora Canine		30.00	\$18.70
5/21/2007 EN Canine 12.5 oz		5.00	\$9.00 T
Patient Subtotal:			\$318.18

Reminder

- 05/03/2008 BORDETELLA VACCINATION
 05/03/2008 RABIES CANINE 3 YEARS
 05/03/2008 DHP ADULT-3 YEARS
 05/21/2008 FECAL EXAMINATION (FLOTATION)
 05/21/2008 Heartgard Plus Large 12 Pack
 05/21/2008 ANNUAL WELLNESS EXAMINATION
 05/21/2008 Heartworm/Lyme/Erlichia/Anaplasmosis

Invoice Total:	\$419.68
Sales Tax :	\$2.20
Total:	\$421.88
Balance Due:	\$421.88
Previous Balance:	\$0.00
Balance Due:	\$421.88
Debit Card:	(\$421.88)
Less Payment:	(\$421.88)
Balance Due:	\$0.00

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE.
ST. LOUIS, MO 63116
TERMINAL I.D.: 60100500000005602550101
CUST. ID: 550265901
MERCHANT #: 10000000000000000000000000000000
DEBIT DATE: 05/21/07 TIME: 11:34 AUTH: 099637
TOTAL: \$421.88
CUST. COPY

We appreciate your patience while we are learning to use our new computer system.
 We know this will allow us to better meet the needs of you and your pets.

HILLSIDE ANIMAL HOSPITAL

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5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean R. Hoffmann
[REDACTED] [REDACTED]
St. Louis, MO 63116

Client ID: 2320
Invoice #: 46416
Date: 6/22/2007

Patient ID: 3204	Species: CANINE	Weight: 15.00 pounds	
Patient Name: Rugger	Breed: ROTTWEILER	Birthday: 04/02/2007 Sex: Male	
Description	Staff Name	Quantity	Total
6/22/2007 Tri-Thalmic Ophth. Ointment	Dr. Edward J. Migneco, D.V.I	1.00	\$9.00
6/22/2007 EXAMINATION WITH VACCINATIONS		1.00	\$40.00
6/22/2007 DHP VACCINATION		1.00	\$20.00
6/22/2007 Heartgard Plus Free Small		1.00	\$0.00
6/22/2007 Frontline Plus 22# Individual		1.00	\$16.00 T
Patient Subtotal:			\$85.00

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

~~05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
06/22/2008 EXAMINATION WITH VACCINATIONS
06/22/2008 DHP VACCINATION~~

HILLSIDE CHILDREN'S
3325 MARIESTAD AVE.
ST. LOUIS, MO. 63129

TERMINAL I.D.:	60105500000502550101
MERCHANT #:	56024501
MASTER CARD	
FILE #:	000836
DATE:	JUN 22, 07
TIME:	09:22
AMT#:	655788
TOTAL	
	\$86.24

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CITATION

Invoice Total:	\$85.00
Sales Tax :	\$1.24
Total:	<u>\$86.24</u>
Balance Due:	<u>\$86.24</u>
Previous Balance:	<u>\$0.00</u>
Balance Due:	<u>\$86.24</u>
Master Card:	<u>(\$86.24)</u>
Less Payment:	<u>(\$86.24)</u>
Balance Due:	\$0.00

Scheduled Appointments:

Appt. for Rugger on 7/13/2007 at 08:00 am.

**We appreciate your patience while we are learning to use our new computer system.
We know this will allow us to better meet the needs of you and your pets.**

HILLSIDE ANIMAL HOSPITAL

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5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320
Invoice #: 46844
Date: 7/16/2007

Patient ID: 3204	Species: CANINE	Weight: 22.00	pounds
Patient Name: Rugger	Breed: ROTTWEILER	Birthday: 04/02/2007	Sex: Neutered Male
<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
7/16/2007 CASTRATION CANINE 0-25 LB.	Dr. Micah A. Young D.V.M.	1.00	\$0.00
7/16/2007 PREOPERATIVE EXAM		1.00	\$42.50
7/16/2007 PRE-OPERATIVE MEDICATION		1.00	\$15.00
7/16/2007 ISOFLURANE ANESTHESIA-MINIMUM		1.00	\$50.00
7/16/2007 CASTRATION CANINE 0-25 LB.		1.00	\$60.00
7/16/2007 INTRAVENOUS INDUCTION		1.00	\$17.50
7/16/2007 Metacam Injectable		0.40	\$18.00
7/16/2007 AVID Microchip		1.00	\$34.00 T
7/16/2007 RABIES CANINE 1 YEAR		1.00	\$15.00
7/16/2007 DHP VACCINATION		1.00	\$20.00
7/16/2007 RABIES LICENSE		1.00	\$5.00
7/16/2007 Previcox 57 mg Individual Tabs		4.00	\$9.20
	Patient Subtotal:		\$286.20

Instructions

YOUR PET HAS JUST BEEN SURGICALLY ALTERED. RESTRICT HIS ACTIVITY FOR THE NEXT ____ DAYS. PLEASE KEEP THE INCISION AREA CLEAN. IF ANY RED-NESS APPEARS PLEASE CALL OUR OFFICE. PREVENT HIM FROM JUMPING AND RUNNING AS MUCH AS POSSIBLE. PLEASE RETURN IN ____ DAYS FOR SUTURE REMOVAL.

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
06/22/2008 EXAMINATION WITH VACCINATIONS
07/16/2008 RABIES CANINE 3 YEARS
07/16/2008 DHP VACCINATION

HILLSIDE ANIMAL HOSPITAL

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5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean R. Hoffmann

[REDACTED]
St. Louis, MO 63116Client ID: 2320
Invoice #: 46844
Date: 7/16/2007

Invoice Total:	\$286.20
Sales Tax :	\$2.63
Total:	<u>\$288.83</u>
Balance Due:	<u>\$288.83</u>
Previous Balance:	<u>\$0.00</u>
Balance Due:	<u>\$288.83</u>
Visa:	<u>(\$288.83)</u>
Less Payment:	<u>(\$288.83)</u>
Balance Due:	<u>\$0.00</u>

HILLSIDE ANIMAL HOSPITA
5325 MANCHESTER AVE
ST LOUIS, MO. 63139

TERMINAL I.D.: 001005000000569258101

MERCHANT #: 56026501

VISA

#222222224555

SALE

BATCH: 000924 INV: 00006
DATE: JUL 16, 07 TIME: 15:54
AUTH: 04529A

TOTAL **\$288.83**

SEAN HOFFMAN

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

19-28 (REV 91ML)

HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATIONTYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIESAnimal's Name: RuggerBreed: RottweilerColor: Bk/Brown Age: 15 wks. Size: S M L XL Sex: M F S NOwner's Name: L. Hoffman Sean
(LAST) (FIRST)

(MIDDLE)

Address: 123 Main StreetTelephone: 314-555-1234 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner / Owner's Agent

City of St. Louis, Animal Regulation Center, 2120 Gasconade, St. Louis, MO 63118

VACCINATION/REGISTRATION NO.	
<u>37392</u>	
DATE OF VAC/REGISTRATION	
<u>7-16-07</u>	
VACCINE MANUFACTURER & LOT NO.	
<u>Merial 18061B</u>	
CLINIC IDENTIFICATION	
<u>Hillside Clinic</u>	
TYPE OF VACCINE	
<input checked="" type="checkbox"/> 1 YEAR	<input type="checkbox"/> 3 YEARS
REGISTRATION FEE:	
\$ <u>5.00</u>	

ANIMAL HEALTH CENTER

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DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 180406

Date: 1/16/2008

Patient ID: 7150-3	Species: FELINE	Weight: 8.60 pounds	
Patient Name: JAZZMYN	Breed: DOMESTIC SHORT HAIR	Birthday: 01/16/2007	Sex: Spayed Female
Description	Staff Name	Quantity	Total
1/16/2008 Exam with Vaccination	M. BRUCE DONALDSON, D	1.00	\$22.00
1/16/2008 FIP		1.00	\$20.00
1/16/2008 Feline Leukemia (annual)		1.00	\$20.00
1/16/2008 Fecal Examination		1.00	\$13.00
1/16/2008 Amoxi Drops 30ml/ 1 oz		1.00	\$13.65 T
1/16/2008 Office Inject-Antibiotic		1.00	\$23.00
1/16/2008 Frontline Plus for Cats	DRS. LESTER & DONALDS	1.00	\$48.60 T
		Patient Subtotal:	\$160.25

Instructions

IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.

VACCINATE YOUR CAT ANNUALLY AGAINST DEADLY LEUKEMIA VIRUS.

Reminder

01/16/2009 Fecal Examination

01/16/2009 FIP

01/16/2009 Feline Leukemia (annual)

Invoice Total:	\$160.25
Sales Tax :	\$4.98
Total:	<u>\$165.23</u>
Balance Due:	<u>\$165.23</u>
Previous Balance:	<u>\$0.00</u>
Balance Due:	<u>\$165.23</u>
Master Card:	<u>(\$165.23)</u>
Less Payment:	<u>(\$165.23)</u>
Balance Due:	<u><u>\$0.00</u></u>

ANIMAL HEALTH CENTER

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DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]
ENTERPRISE, AL 36330Client ID: 7150
Invoice #: 184636
Date: 5/3/2008

Patient ID: 7150-1	Species: CANINE	Weight: 81.00 pounds	
Patient Name: KIRRA	Breed: ROTTWEILER MIX	Birthday: 10/16/2006	Sex: Spayed Female
Description	Staff Name	Quantity	Total
5/3/2008 K-9 Annual Vac.W/ Exam', Fecal & HW	M. BRUCE DONALDSON, D	1.00	\$0.00
5/3/2008 Fecal Examination		1.00	\$13.00
5/3/2008 Heartworm Examination		1.00	\$14.50
5/3/2008 Exam with Vaccination		1.00	\$22.00
5/3/2008 Coronavirus (Annual)		1.00	\$19.00
5/3/2008 Rabies Vaccine (canine)		1.00	\$13.50
5/3/2008 DHPL & Parvo (Annual)		1.00	\$30.00
5/3/2008 Bordetella Vaccine		1.00	\$18.00
Patient Subtotal:			\$130.00

Instructions

IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.

FELINE LEUKEMIA VACCINE IS NOW AVAILABLE, PLEASE VACCINATE YOUR CAT.

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

VACCINATIONS PROTECT PETS AS WELL AS THEIR HUMAN COMPANIONS.

Reminder

05/03/2009 DHPL & Parvo (Annual)
05/03/2009 Exam with Vaccination
05/03/2009 Fecal Examination
05/03/2009 Rabies Vaccine (canine)
05/03/2009 Coronavirus (Annual)
05/03/2009 Bordetella Vaccine
05/03/2009 Heartworm Examination

ANIMAL HEALTH CENTER

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DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN
██████████
ENTERPRISE, AL 36330

Client ID: 7150
Invoice #: 184636
Date: 5/3/2008

Patient ID: 7150-5	Species: CANINE	Weight: 35.60 pounds	
Patient Name: ERNIE	Breed: LABRADOR MIX	Birthday: 01/03/2008	Sex: Male
<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
5/3/2008 Rabies Vaccine (canine)	M. BRUCE DONALDSON, D	1.00	\$13.50
		Patient Subtotal:	\$13.50

Instructions

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

Reminder

05/03/2009 Rabies Vaccine (canine)
05/03/2009 DHPL & Parvo (Annual)
05/03/2009 Exam with Vaccination
05/03/2009 Heartworm Examination
05/03/2009 Coronavirus (Annual)
05/03/2009 Fecal Examination

Patient ID: 7150-6	Species: CANINE	Weight: 56.20 pounds	
Patient Name: JACK	Breed: BOXER MIX	Birthday: 05/03/2007	Sex: Neutered Male
<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
5/3/2008 Rabies Vaccine (canine)	M. BRUCE DONALDSON, D	1.00	\$13.50
		Patient Subtotal:	\$13.50

Instructions

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

Reminder

05/03/2009 DHPL & Parvo (Annual)
05/03/2009 Exam with Vaccination
05/03/2009 Heartworm Examination
05/03/2009 Rabies Vaccine (canine)
05/03/2009 Coronavirus (Annual)
05/03/2009 Fecal Examination

ANIMAL HEALTH CENTER
DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Rabies Certificate

Client ID: 7150
Client Name: SEAN HOFFMANN
Address:

ENTERPRISE, AL 36330

Phone: [REDACTED]

Patient ID: 7150-5
Patient Name: ERNIE
Species: CANINE
Breed: LABRADOR MIX
Sex: Male
Color: BLACK
Markings:
Birthday: 01/03/2008
Weight: 35.60 pounds on 5/3/2008

Tag Number: 1025-08
Lot Number: 1827503
Producer: Pfizer
K / MLV: Killed Virus

Vaccination Date: 5/3/2008
Expiration Date: 5/3/2009

Staff Name: M. BRUCE DONALDSON, DVM
License Number: AL 2939

ANIMAL HEALTH CENTER
DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Rabies Certificate

Client ID: 7150
Client Name: SEAN HOFFMANN
Address: [REDACTED]
ENTERPRISE, AL 36330

Phone: [REDACTED]

Patient ID: 7150-6
Patient Name: JACK
Species: CANINE
Breed: BOXER MIX
Sex: Neutered Male
Color: BLK/BRN
Markings:
Birthday: 05/03/2007
Weight: 56.20 pounds on 5/3/2008

Tag Number: 1479-08
Lot Number: 1827503
Producer: Pfizer
K / MLV: Killed Virus

Vaccination Date: 5/3/2008
Expiration Date: 5/3/2009

Staff Name: M. BRUCE DONALDSON, DVM
License Number: AL 2939

Patient History Report
Sorted by Patient ID

Patient: 7150-2 **RUGGER**

Client: 7150 SEAN HOFFMANN

Species: CANINE

DOB: 04/16/2007

Breed: ROTTWEILER MIX

Sex: Neutered Male

Date	Type	Staff	History
7/8/2008	P	5	1.00 NONE of Ophthalmic Ointment- No Cortisone (I586) Rx #: 30291 1 Of Refills As Needed APPLY TO LEFT EYE TWICE A DAY
7/8/2008	B	5	1.00 NONE of Ophthalmic Ointment- No Cortisone (I586) by JDM
5/26/2008	I	1	IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.
5/26/2008	P	1	1.00 NONE of Ophthalmic Ointment- No Cortisone (I586) Rx #: 30291 0 Of Refills As Needed APPLY TO LEFT EYE TWICE A DAY
5/26/2008	P	1	21.00 TABLETS of Delta Albaplex 3X (I337) Rx #: 30290 0 Of Refills As Needed GIVE 1 1/2 TABLETS BY MOUTH EVERY 12 HOURS UNTIL GONE FOR ANTIBOTIC.***MAY CAUSE INCREASED THIRST AND URINATION***
5/26/2008	CK	1	Reason for Visit: Examination Date Patient Checked Out: 05/26/08
5/26/2008	B	1	1.00 Exam - Routine (135) by AN
5/26/2008	B	1	21.00 TABLETS of Delta Albaplex 3X (I337) by AN
5/26/2008	B	1	1.00 NONE of Ophthalmic Ointment- No Cortisone (I586) by AN
5/10/2008	W		70 pounds
5/10/2008	I	1	VACCINATIONS PROTECT PETS AS WELL AS THEIR HUMAN COMPANIONS.
5/10/2008	I	1	ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.
5/10/2008	I	1	STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.
5/10/2008	I	1	FELINE LEUKEMIA VACCINE IS NOW AVAILABLE, PLEASE VACCINATE YOUR CAT.
5/10/2008	I	1	IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.
5/10/2008	CK	1	Reason for Visit: Vaccinations Date Patient Checked Out: 05/10/08
5/10/2008	B	1	K-9 Annual Vac.W/ Exam, Fecal & HW (G1) by AN
5/10/2008	B	1	1.00 Fecal Examination (229) by AN
5/10/2008	B	1	1.00 Heartworm Examination (230) by AN
5/10/2008	B	1	1.00 Exam with Vaccination (142) by AN
5/10/2008	B	1	1.00 Coronavirus (Annual) (118) by AN
5/10/2008	B	1	1.00 Rabies Vaccine (canine) (100) by AN
5/10/2008	B	1	1.00 DHPL & Parvo (Annual) (101) by AN
5/10/2008	B	1	1.00 Bordetella Vaccine (149) by AN
3/29/2008	B	3	1.00 CARD of 51-100 Heartgard Chewable 6 month (I916) by AN

B-billing charges, C-medical notes, CB-call back, CK-check-in, D-diagnosis, DH-declined to history, E-examination, I-departing instruction, L-lab result, M-image cases, P-prescription, PA-PVL Accepted, PB-problems, PP-PVL Performed, PR-PVL Recommended, R-referral document, T-images, TC-tentative medical note, W-weight

ABIGAIL**KITTEN RESCUED FROM CAR ENGINE AT GROCERY
STORE PARKING LOT & LATER REHOMED****ANIMAL HEALTH CENTER**

Page 1 / 1

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 185863

Date: 5/31/2008

- 1YR VACCINES -

Patient ID: 7150-7	Species: FELINE	Weight: 1.60	pounds
Patient Name: ABIGAIL	Breed: DOMESTIC SHORT HAIR	Birthday: 00/00/0000	Sex: Female
Description	Staff Name	Quantity	Total
5/31/2008 Exam - Routine	M. BRUCE DONALDSON, D	1.00	\$38.00
5/31/2008 Deworming/20 lbs.		1.00	\$12.50
5/31/2008 Feline Leukemia Test		1.00	\$47.50
5/31/2008 FVRCP & Pneu. (kitten #1)		1.00	\$26.00
5/31/2008 Feline Leukemia #1		1.00	\$22.25
5/31/2008 Mita-Clear		1.00	\$10.72 T
Patient Subtotal:			\$156.97

Instructions

IF FURTHER QUESTIONS ARISE, PLEASE DO NOT HESITATE TO CALL.

BE SURE TO RECHECK A STOOL SPECIMEN IN 3 MONTHS.

FELINE LEUKEMIA VACCINE IS NOW AVAILABLE, PLEASE VACCINATE YOUR CAT.

PLEASE RETURN IN 2 WEEKS FOR THE NEXT LEUKEMIA VACCINATION.

Reminder

08/14/2008 FIP

Invoice Total:	\$156.97
Sales Tax 2008 :	\$0.91
Total:	\$157.88
Balance Due:	\$157.88
Previous Balance:	\$0.00
Balance Due:	\$157.88
Master Card:	(\$157.88)
Less Payment:	(\$157.88)
Balance Due:	\$0.00

- ERNIE NEUTERED -

ANIMAL HEALTH CENTER

Page 1 / 1

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 186384

Date: 6/12/2008

Patient ID: 7150-5	Species: CANINE	Weight: 35.60 pounds	
Patient Name: ERNIE	Breed: LABRADOR MIX	Birthday: 01/03/2008	Sex: Neutered Male
Description	Staff Name	Quantity	Total
6/12/2008 Castration Feline-Group	JOHN H. LESTER, DVM	1.00	\$0.00
6/12/2008 Castration-Feline		1.00	\$50.00
6/12/2008 Anesthesia-Castration		1.00	\$32.00
6/12/2008 Pre-Surgical Profile #4		1.00	\$51.00
6/12/2008 Injection Hospital Antibiotic		1.00	\$22.25
Patient Subtotal:			\$155.25

Reminder

- 05/03/2009 Rabies Vaccine (canine)
- 05/03/2009 DHPL & Parvo (Annual)
- 05/03/2009 Exam with Vaccination
- 05/03/2009 Heartworm Examination
- 05/03/2009 Coronavirus (Annual)
- 05/03/2009 Fecal Examination

Invoice Total:	\$155.25
Not Taxable :	\$0.00
Total:	<u>\$155.25</u>
Balance Due:	\$155.25
Previous Balance:	\$0.00
Balance Due:	<u>\$155.25</u>
Visa:	(\$155.25)
Less Payment:	(\$155.25)

ANIMAL HEALTH CENTER

Page 1 / 2

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]
ENTERPRISE, AL 36330

Client ID: 7150
Invoice #: 188219
Date: 7/26/2008

Patient ID: 7150-10	Species: CANINE	Weight: 13.80	pounds
Patient Name: AMBER	Breed: LABRADOR MIX	Birthday: 04/26/2008	Sex: Female
Description	Staff Name	Quantity	Total
7/26/2008 Rabies Vaccine (canine)	M. BRUCE DONALDSON, D	1.00	\$13.50
7/26/2008 Bordetella Vaccine		1.00	\$18.00
7/26/2008 Deworming/20 lbs.		1.00	\$12.50
7/26/2008 DHPL & Parvo (Annual)		1.00	\$30.00
	Patient Subtotal:		\$74.00

Instructions

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

VACCINATIONS PROTECT PETS AS WELL AS THEIR HUMAN COMPANIONS.

BE SURE TO RECHECK A STOOL SPECIMEN IN 3 MONTHS.

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

Reminder

- 07/26/2009 DHPL & Parvo (Annual)
- 07/26/2009 Exam with Vaccination
- 07/26/2009 Fecal Examination
- 07/26/2009 Rabies Vaccine (canine)
- 07/26/2009 Coronavirus (Annual)
- 07/26/2009 Bordetella Vaccine
- 07/26/2009 Heartworm Examination

ANIMAL HEALTH CENTER

Page 2 / 2

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 188219

Date: 7/26/2008

Patient ID: 7150-9	Species: CANINE	Weight: 14.40	pounds
Patient Name: LACY	Breed: LABRADOR MIX	Birthday: 04/26/2008	Sex: Female
Description	Staff Name	Quantity	Total
7/26/2008 Rabies Vaccine (canine)	M. BRUCE DONALDSON, D	1.00	\$13.50
7/26/2008 Bordetella Vaccine		1.00	\$18.00
7/26/2008 DHPL & Parvo (Annual)		1.00	\$30.00
7/26/2008 Deworming/20 lbs.		1.00	\$12.50
	Patient Subtotal:		\$74.00

Instructions

STATE LAW REQUIRES CURRENT RABIES VACCINATION FOR YOUR PET.

VACCINATIONS PROTECT PETS AS WELL AS THEIR HUMAN COMPANIONS.

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

BE SURE TO RECHECK A STOOL SPECIMEN IN 3 MONTHS.

Reminder

07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination
07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination

Invoice Total:	\$148.00
Total:	\$148.00
Balance Due:	\$148.00
Previous Balance:	\$0.00
Balance Due:	\$148.00
check visa :	(\$148.00)
Less Payment:	(\$148.00)
Balance Due:	\$0.00

**AMBER
RABIES VACCINE (1YR)
07/26/08**

ANIMAL HEALTH CENTER
DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Rabies Certificate

Client ID: 7150
Client Name: SEAN HOFFMANN
Address: [REDACTED]

ENTERPRISE, AL 36330

Phone: [REDACTED]

Patient ID: 7150-10
Patient Name: AMBER
Species: CANINE
Breed: LABRADOR MIX
Sex: Female
Color: TAN
Markings:
Birthday: 04/26/2008
Weight: 13.80 pounds on 7/26/2008

Tag Number: 1778-08
Lot Number: 1827503
Producer: Pfizer
K / MLV: Killed Virus

Vaccination Date: 7/26/2008
Expiration Date: 7/26/2009

Staff Name: M. BRUCE DONALDSON, DVM
License Number: AL 2939

LACY
RABIES VACCINE (1YR)
07/26/08

ANIMAL HEALTH CENTER
DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

Rabies Certificate

Client ID: 7150
Client Name: SEAN HOFFMANN
Address: [REDACTED]

ENTERPRISE, AL 36330

Phone: [REDACTED]

Patient ID: 7150-9
Patient Name: LACY
Species: CANINE
Breed: LABRADOR MIX
Sex: Female
Color: TAN
Markings:
Birthday: 04/26/2008
Weight: 14.40 pounds on 7/26/2008

Tag Number: 1782-08
Lot Number: 1827503
Producer: Pfizer
K / MLV: Killed Virus

Vaccination Date: 7/26/2008
Expiration Date: 7/26/2009

Staff Name: M. BRUCE DONALDSON, DVM
License Number: AL 2939

ANIMAL HEALTH CENTER

Page 1 / 1

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 188438

Date: 8/1/2008

Patient ID: 7150-6	Species: CANINE	Weight: 56.20 pounds		
Patient Name: JACK	Breed: BOXER MIX	Birthday: 05/03/2007 Sex: Neutered Male		
	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
8/1/2008	Bordetella Vaccine	Matthew Farris, D.V.M.	1.00	\$18.00
Patient Subtotal:				\$18.00

Instructions

VACCINATIONS-PROTECT-PETS AS WELL AS THEIR HUMAN COMPANIONS.

Reminder

05/03/2009 DHPL & Parvo (Annual)
05/03/2009 Exam with Vaccination
05/03/2009 Heartworm Examination
05/03/2009 Rabies Vaccine (canine)
05/03/2009 Coronavirus (Annual)
05/03/2009 Fecal Examination
08/01/2009 Bordetella Vaccine

Invoice Total:	\$18.00		
Total:	\$18.00		
Balance Due:	\$18.00		
Previous Balance:	\$0.00		
Balance Due:	\$18.00		
Check	Check #:	727:	(\$18.00)
Less Payment:	(\$18.00)		
Balance Due:	\$0.00		

ANIMAL HEALTH CENTER

Page 1 / 2

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]

ENTERPRISE, AL 36330

Client ID: 7150

Invoice #: 189349

Date: 8/23/2008

Patient ID: 7150-10	Species: CANINE	Weight: 13.80 pounds	
Patient Name: AMBER	Breed: LABRADOR MIX	Birthday: 04/26/2008	Sex: Female
<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
8/23/2008 Parvo Vaccination	M. BRUCE DONALDSON, D	1.00	\$20.00
		Patient Subtotal:	\$20.00

Instructions

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

Reminder

- 07/26/2009 DHPL & Parvo (Annual)
- 07/26/2009 Exam with Vaccination
- 07/26/2009 Fecal Examination
- 07/26/2009 Rabies Vaccine (canine)
- 07/26/2009 Coronavirus (Annual)
- 07/26/2009 Bordetella Vaccine
- 07/26/2009 Heartworm Examination

Patient ID: 7150-9	Species: CANINE	Weight: 14.40 pounds	
Patient Name: LACY	Breed: LABRADOR MIX	Birthday: 04/26/2008	Sex: Female
<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
8/23/2008 Parvo Vaccination	M. BRUCE DONALDSON, D	1.00	\$20.00
		Patient Subtotal:	\$20.00

Instructions

ANNUAL DISTEMPER BOOSTERS ARE NEEDED REGARDLESS OF AGE.

Reminder

- 07/26/2009 Rabies Vaccine (canine)
- 07/26/2009 Coronavirus (Annual)
- 07/26/2009 Bordetella Vaccine
- 07/26/2009 Heartworm Examination
- 07/26/2009 DHPL & Parvo (Annual)
- 07/26/2009 Exam with Vaccination
- 07/26/2009 Fecal Examination

KIDNEY DISEASE IS THE NUMBER 1 CAUSE OF DEATH IN CATS AND THE NUMBER 2 CAUSE OF DEATH IN DOGS. WE PROVIDE A KIDNEY DISEASE SCREENING FOR PETS OVER 7 YEARS OF AGE.

ANIMAL HEALTH CENTER

Page 1 / 2

DRS. LESTER & DONALDSON
1107 BOLL, WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]
ENTERPRISE, AL 36330Client ID: 7150
Invoice #: 194567
Date: 1/5/2009

Patient ID: 7150-10	Species: CANINE	Weight: 13.80 pounds	
Patient Name: AMBER	Breed: LABRADOR MIX	Birthday: 04/26/2008	Sex: Spayed Female
Description	Staff Name	Quantity	Total
1/5/2009 Ovariohysterectomy-Heat/Preg +	M. BRUCE DONALDSON, D	1.00	\$99.50
1/5/2009 Anesthesia-General Inhalant		1.00	\$58.00
1/5/2009 Office Inject-Antibiotic		1.00	\$23.00
1/5/2009 RIMADYL INJECTION 41-60#		1.00	\$30.91 T
	Patient Subtotal:		\$211.41

Instructions

PLEASE RETURN IN 10 DAYS FOR SUTURE REMOVAL

BECAUSE OF ANESTHESIA, YOUR PET MAY BE DROWSY, PLEASE CONFINE

Reminder

04/30/2009 26-50 Heartgard Chewable 6 month
07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination
07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination

KIDNEY DISEASE IS THE NUMBER 1 CAUSE OF DEATH IN CATS AND THE NUMBER 2
CAUSE OF DEATH IN DOGS. WE PROVIDE A KIDNEY DISEASE SCREENING FOR
PETS OVER 7 YEARS OF AGE.

ANIMAL HEALTH CENTER

Page 2 / 2

DRS. LESTER & DONALDSON
1107 BOLL WEEVIL CIRCLE
ENTERPRISE, AL 36330
(334) 347-0544

SEAN HOFFMANN

[REDACTED]
ENTERPRISE, AL 36330Client ID: 7150
Invoice #: 194567
Date: 1/5/2009

Patient ID: 7150-9	Species: CANINE	Weight: 14.40 pounds	
Patient Name: LACY	Breed: LABRADOR MIX	Birthday: 04/26/2008	Sex: Spayed Female
Description	Staff Name	Quantity	Total
1/5/2009 RIMADYL INJECTION 41-60#	M. BRUCE DONALDSON, D	1.00	\$30.91 T
1/5/2009 Ovariohysterectomy-Heat/Preg +		1.00	\$99.50
1/5/2009 Anesthesia-General Inhalant		1.00	\$58.00
1/5/2009 Office Inject-Antibiotic		1.00	\$23.00
	Patient Subtotal:		\$211.41

Instructions

PLEASE RETURN IN 10 DAYS FOR SUTURE REMOVAL

BECAUSE OF ANESTHESIA, YOUR PET MAY BE DROWSY, PLEASE CONFINE.

Reminder

07/26/2009 Rabies Vaccine (canine)
07/26/2009 Coronavirus (Annual)
07/26/2009 Bordetella Vaccine
07/26/2009 Heartworm Examination
07/26/2009 DHPL & Parvo (Annual)
07/26/2009 Exam with Vaccination
07/26/2009 Fecal Examination

Invoice Total:	\$422.82
Sales Tax 2008 :	\$5.26
Total:	\$428.08
Balance Due:	\$428.08
Previous Balance:	\$0.00
Balance Due:	\$428.08
Master Card:	(\$300.00)
Master Card:	(\$128.08)
Less Payment:	(\$428.08)
Balance Due:	\$0.00

INVOICE

Fort Rucker Vet Clinic

9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

Thank You for visiting your post Veterinarian

FOR: W01 Sean Hoffmann

[REDACTED]
Enterprise, AL 36330
[REDACTED]

Printed: 06-11-09 at 10:53
Date: 06-11-09
Account: 8421
Invoice: 45205

Date	For	Qty	Description	Price	Discount	Net Price
Services by Dr. Leigh Ann Farris, NAF DVM						
06-11-09	Jack	1	Heartworm Test Heska			14.00
	Items used...	1	Heska HW			
06-11-09		1	Bordatella Vaccination, Intranasal			12.00
06-11-09		1	Rabies Vaccination K-9 1yr			6.00
06-11-09		1	Microchip Implantation			18.00
06-11-09		1	DA2PPvL+CV			14.00
06-11-09	Jasmine	1	Rabies Feline Vaccination 1year			6.00
06-11-09		1	FVRCP Vaccination, 1YR			12.00
06-11-09		1	Microchip Implantation			18.00
06-11-09		1	Feline Leukemia, Annual			14.00
06-11-09	Kirra	1	Rabies Vaccination K-9 1yr			6.00
06-11-09		1	User Fee			2.00
06-11-09		1	DA2PPvL+CV			14.00
06-11-09		1	Bordatella Vaccination, Intranasal			12.00
06-11-09		1	Heartworm Test Heska			14.00
	Items used...	1	Heska HW			
06-11-09	Rugger	1	Rabies Vaccination K-9 1yr			6.00
06-11-09		1	DA2PPvL+CV			14.00
06-11-09		1	Heartworm Test Heska			14.00
	Items used...	1	Heska HW			
06-11-09		1	Bordatella Vaccination, Intranasal			12.00

Services by

06-11-09	#684	Check payment	-208.00
----------	------	---------------	---------

Old balance	Charges	Payments	New balance
0.00	208.00	208.00	0.00

Patient	Total charges
Rugger	46.00
Kirra	48.00

Jasmine	50.00
Jack	64.00

Reminders for: Rugger (Weight: 83.0 lbs - 2y) Last done

06-11-10	DA2PPvL+CV	06-11-09
06-11-10	Heartworm test Heska	06-11-09
06-11-10	Rabies Vaccination, Canine, 1y	06-11-09
06-11-10	Bordatella Intranasal	06-11-09

Reminders for: Kirra (Weight: 87.0 lbs - 2y) Last done

06-11-10	DA2PPvL+CV	06-11-09
06-11-10	Heartworm test Heska	06-11-09
06-11-10	Rabies Vaccination, Canine, 1y	06-11-09
06-11-10	Bordatella Intranasal	06-11-09

Reminders for: Jasmine (Weight: 10.4 lbs - 2y) Last done

06-11-10	FVRCP Vaccination, 1YR	06-11-09
06-11-10	Feline Leukemia,	06-11-09
06-11-10	Rabies Feline, 1yr	06-11-09

Reminders for: Jack (Weight: 67.0 lbs - 2y) Last done

06-11-10	DA2PPvL+CV	06-11-09
06-11-10	Heartworm test Heska	06-11-09
06-11-10	Rabies Vaccination, Canine, 1y	06-11-09
06-11-10	Bordatella Intranasal	06-11-09

Doctor's Instructions

Rabies Vaccination K-9 1yr

Vaccination reactions are an uncommon side effect which you should monitor for in your pet. Reactions most commonly occur within 30 minutes to 2 hours following vaccination. Signs include swelling, itching, redness, vomiting and diarrhea. This is a medical emergency! If a reaction occurs please return here or to the nearest veterinary clinic. If you have oral benadryl on hand, you can give your pet 1 mg per pound of body weight (Ex: 20 lb dog gets 20 mg benadryl). Please let us know if a reaction occurs so that we can make a note of it in your pet's record. After having a vaccination reaction, your pet should receive benadryl or something similar prior to any vaccinations.

DA2PPvL+CV

Vaccination reactions are an uncommon side effect which you should monitor for in your pet. Reactions most commonly occur within 30 minutes to 2 hours following vaccination. Signs include swelling, itching, redness, vomiting and diarrhea. This is a medical emergency!

Bordatella Vaccination, Intranasal

Vaccination reactions from the Bordetella (kennel cough) vaccine may include a mild cough.

User Fee

In accordance with AR40-905, a \$2.00 User Fee is to be charged to any sale. This amount is deposited in the US Treasury in accordance with Title 31, Section 3302.

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-11-09
Next Rabies Vaccination On: 06-11-10

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED] [REDACTED]
Enterprise, AL 36330
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Jack
SPECIES: Canine
SEX: Male
Color and markings: Brown

TAG NO: 09-1509 **BREED:** BoxerMix ← Pit Bull Mix
AGE: 2y

Signed *Wesley May Harris*

Dr. Leigh Ann Farris, NAF DVM AL 5530

Vaccinations done...

06-11-09 LAF Rabies Vaccination K-9 1yr, #09-1509
06-11-10
06-11-09 LAF DA2PPvL+CV 06-11-10
06-11-09 LAF Bordatella Vaccination, Intranasal
06-11-10

Rabies Vaccine Information...

MFG BY: MER **SER.NO: 12529A**
LOT EXP: 28FEB10 **ADM: RRSQ**

REPLACES DD FORM 2208, 1 AUG 79

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-11-09
Next Rabies Vaccination On: 06-11-10

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Jasmine *Jazzmin*
SPECIES: Feline
SEX: Spayed Female
Color and markings: Tabby & White

TAG NO: 09-1508
BREED: Domestic Short Hair
AGE: 2y
Microchip ID: # 985121005220422

Signed George W. May Jr.

Dr. Leigh Ann Farris, NAF DVM

Vaccinations done...

06-11-09 LAF Rabies Feline Vaccination 1year, #09-150
06-11-10
06-11-09 LAF FVRCP Vaccination, 1YR 06-11-10
06-11-09 LAF Feline Leukemia, Annual 06-11-10

Rabies Vaccine Information...

MFG BY: MER **SER.NO: 12529A**
LOT EXP: 28FEB10 **ADM: RRSQ**

REPLACES DD FORM 2208, 1 AUG 79

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-11-09
Next Rabies Vaccination On: 06-11-10

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Kirra
SPECIES: Canine
SEX: Spayed Female
Color and markings: Black and Tan

TAG NO: 09-1510
BREED: Rottweiler Mix
AGE: 2y
Microchip ID: # 095847287

Signed

Dr. Leigh Ann Farris, NAF DVM

AL 5530

Vaccinations done...

06-11-09 LAF Rabies Vaccination K-9 1yr, #09-1510
06-11-10
06-11-09 LAF DA2PPvL+CV 06-11-10
06-11-09 LAF Bordatella Vaccination, Intranasal
06-11-10

Rabies Vaccine Information...

MFG BY: MER **SER.NO: 12529A**
LOT EXP: 28FEB10 **ADM: RRSQ**

REPLACES DD FORM 2208, 1 AUG 79

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-11-09
Next Rabies Vaccination On: 06-11-10

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC
Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL
Sean Hoffmann
[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Rugger
SPECIES: Canine
SEX: Neutered Male
Color and markings: Black and Tan

TAG NO: 09-1512
BREED: Rottweiler Mix
AGE: 2y
Microchip ID: # 096100545

Signed *George Wm May Farris*

Dr. Leigh Ann Farris, NAF DVM AL 5530

Vaccinations done...

06-11-09 LAF Rabies Vaccination K-9 1yr, #09-1512
06-11-10
06-11-09 LAF DA2PPvL+CV 06-11-10
06-11-09 LAF Bordatella Vaccination, Intranasal
06-11-10

Rabies Vaccine Information...

MFG BY: MER **SER.NO: 12529A**
LOT EXP: 28EEB10 **ADM: RRSQ**

REPLACES DD FORM 2208, 1 AUG 79

INVOICE

Fort Rucker Vet Clinic

9402 Dust Off Street
 Fort Rucker, AL 36362
 334-255-9061

Thank You for visiting your post Veterinarian

FOR: W01 Sean Hoffmann
 [REDACTED]
 Enterprise, AL 36330
 [REDACTED]

Printed: 08-06-09 at 08:30
Date: 08-06-09
Account: 8421
Invoice: 46560

Date	For	Qty	Description	Price	Discount	Net Price
Services by Kari I Proper, CPT VC						
08-06-09	Amber	1	DA2PPvL+CV	14.00		
08-06-09		1	Heartworm Test Heska	14.00		
	Items used...	1	Heska HW			
08-06-09		1	Microchip Implantation	18.00		
08-06-09		1	Rabies Vaccination, 3 year	6.00		
08-06-09	Lacy	1	User Fee	2.00		
08-06-09		1	DA2PPvL+CV	14.00		
08-06-09		1	Heartworm Test Heska	14.00		
	Items used...	1	Heska HW			
08-06-09		1	Microchip Implantation	18.00		
08-06-09		1	Rabies Vaccination, 3 year	6.00		

Services by

08-06-09	Mastercard payment	-106.00
----------	--------------------	---------

Old balance	Charges	Payments	New balance
0.00	106.00	106.00	0.00

Patient	Total charges
Lacy	54.00
Amber	52.00

Reminders for: Lacy (Weight: 46.6 lbs - 15m)		Last done
08-05-12	Rabies Vaccination, 3 year	08-06-09
08-06-10	DA2PPvL+CV	08-06-09
08-06-10	Heartworm test Heska	08-06-09
07-26-09	Rabies Vaccination, Canine, 1y	07-26-08
07-26-09	Bordatella Intranasal	07-26-08
04-26-08	Microchip Implantation	08-06-09

Amber 53.4 lbs.

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 08-06-09
Next Rabies Vaccination On: 08-05-12

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC

Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL

Sean Hoffmann

[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

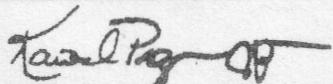
THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Amber
SPECIES: Canine
SEX: Female
Color and markings: Yellow

TAG NO: 09-2189
BREED: Lab Mix
AGE: 15m
Microchip ID: # 985121004317205

Signed _____



Kari I Proper, CPT VC

TN4207

Vaccinations done...

08-06-09	KIP	DA2PPV+CV	08-06-10
08-06-09	KIP	Rabies Vaccination, 3 year, #09-2189	
		08-05-12	
07-26-08	***	Bordatella Intranasal	07-26-09
07-26-08	***	Rabies Canine, 1yr	07-26-09

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 28FEB10

SER.NO: 12529B
ADM: RRSQ

REPLACES DD FORM 2208, 1 AUG 79

Amber 53.4 lbs.

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 08-06-09
Next Rabies Vaccination On: 08-05-12

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC

Fort Rucker Vet Clinic
9402 Dust Off Street
Fort Rucker, AL 36362
334-255-9061

OWNER OF ANIMAL

Sean Hoffmann

[REDACTED]
Enterprise, AL 36330
County:

This is to certify...

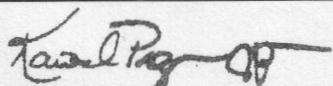
THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Amber
SPECIES: Canine
SEX: Female
Color and markings: Yellow

TAG NO: 09-2189
BREED: Lab Mix
AGE: 15m
Microchip ID: # 985121004317205

Signed _____



Kari I Proper, CPT VC

TN4207

Vaccinations done...

08-06-09	KIP	DA2PPvL+CV	08-06-10
08-06-09	KIP	Rabies Vaccination, 3 year, #09-2189	
		08-05-12	
07-26-08	***	Bordatella Intranasal	07-26-09
07-26-08	***	Rabies Canine, 1yr	07-26-09

Rabies Vaccine Information...

MFG BY: MER
LOT EXP: 28FEB10

SER.NO: 12529B
ADM: RRSQ

REPLACES DD FORM 2208, 1 AUG 79

INVOICE

Fort Rucker Vet Clinic

9402 Dust Off Street
 Fort Rucker, AL 36362
 334-255-9061

Thank You for visiting your post Veterinarian

FOR: W01 Sean Hoffmann
 [REDACTED]
 Enterprise, AL 36330
 [REDACTED]

Printed: 08-13-09 at 12:18
 Date: 08-13-09
 Account: 8421
 Invoice: 46787

Date	For	Qty	Description	Price	Discount	Net Price
Services by Dr. Leigh Ann Farris, NAF DVM						
08-13-09	Amber	1	Bordatella Vaccination, Intranasal			12.00
08-13-09	Lacy	1	Bordatella Vaccination, Intranasal			12.00
Services by Richard Kelly III, CPT VC						
08-13-09	Amber	1	User Fee			2.00
Services by						
08-13-09			Mastercard payment			-26.00

Old balance	Charges	Payments	New balance
0.00	26.00	26.00	0.00

Patient	Total charges
Lacy	12.00
Amber	14.00

Reminders for: Lacy (Weight: 46.0 lbs - 15m)		Last done
08-05-12	Rabies Vaccination, 3 year	08-06-09
08-13-10	Bordatella Intranasal	08-13-09
08-06-10	Heartworm test Heska	08-06-09
08-06-10	DA2PPvL+CV	08-06-09

Reminders for: Amber (Weight: 53.4 lbs - 15m)		Last done
08-05-12	Rabies Vaccination, 3 year	08-06-09
08-13-10	Bordatella Intranasal	08-13-09
08-06-10	Heartworm test Heska	08-06-09
08-06-10	DA2PPvL+CV	08-06-09

ST. LOUIS HEALTH DIVISION - ANIMAL REGULATION CENTER

2120 Gasconade St., St. Louis, Missouri 63118

(314) 353-5838 (314) 353-3691 FAX

Receipt Number: R10-009355

Receipt Date: 01/12/10

Person Information: SEAN HOFFMAN

PID: P012027

[REDACTED]
[REDACTED]
[REDACTED]
ST LOUIS, MO 63116

Received From: SEAN HOFFMAN

Check No:

Phone: (314) 565-1537

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
LICENSE SN	A016629	L10-73944	\$4.00	1	\$4.00
LICENSE SN	A030546	L10-73943	4.00	1	4.00
LICENSE SN	A030547	L10-73945	4.00	1	4.00
LICENSE SN	A030548	L10-73946	4.00	1	4.00
LICENSE SN	A030549	L10-73947	4.00	1	4.00
LICENSE SN	A030550	L10-73948	4.00	1	4.00

Total Fees Due: **\$24.00**

Payments:	Cash:	\$24.00
	Check:	\$0.00
	Credit Card:	\$0.00

Total Payments Received: **\$24.00**

Thank You!

Change:	\$0.00
Balance Due:	\$0.00

Animal Information:

A016629 KIRRA - 10 MONTHS OF AGE, SPAYED, ROTTWEILER/MIX, BLACK AND BROWN DOG

A030546 AMBER - 1 YEAR 6 MONTHS OF AGE, SPAYED, LABRADOR RETR/MIX, TAN DOG

A030547 RUGGER - 2 YEARS 6 MONTHS OF AGE, NEUTERED, ROTTWEILER/MIX, BLACK AND TAN DOG

A030548 JACK - 2 YEARS 6 MONTHS OF AGE, NEUTERED, BOXER/MIX, BROWN DOG

A030549 JASMINE - 3 YEARS OF AGE, SPAYED, DOMESTIC SH, ORG TABBY AND WHITE CAT

A030550 LACY - 1 YEAR 6 MONTHS OF AGE, SPAYED, LABRADOR RETR/MIX, GOLD DOG

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
L10-73943	08/06/10	A030546	08/06/09	12	08/06/10	\$4.00	LIC SN
L10-73944	06/11/10	A016629	06/11/09	12	06/11/10	\$4.00	LIC SN
L10-73945	06/11/09	A030547	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73946	06/11/09	A030548	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73947	06/11/09	A030549	06/11/06	12	06/11/10	\$4.00	LIC SN
L10-73948	08/06/09	A030550	08/06/09	12	08/06/10	\$4.00	LIC SN

TOTAL LICENSE FEES: **\$24.00**

Shelter Hours

Monday - Friday 9:00AM - 2:00PM and 3:00PM - 4:30PM* Saturday 9:00AM - 4:00PM*

*Shelters CLOSED Sundays and Holidays

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: AmberSpecific Breed Lab mixColor: Amber Age 1 1/2 yrsSize: S M L XL Sex: M F S NOwner's Name: Hoffmann (LAST) Sean/Kristin (FIRST) (MIDDLE)Address: 3945 Winnebago St. St. Louis, MO Zip Code 63116Telephone: 632-6508

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

K. Gay

Signature of Health Officer or Agent

Bethany Hoffmann

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73943

DATE OF VAC/REGISTRATION

8/6/09

VACCINE MANUFACTURER & LOT NO.

CLINIC IDENTIFICATION

Fort Rucker Vet Clinic

TYPE OF VACCINE

 1 YEAR 3 YEAR

REGISTRATION FEE:

\$ 4.00

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Jack Specific Breed Boxer mixColor: brown Age 2 1/2 yrs. Size: S M L XL Sex: M F S NOwner's Name: Hoffmann (LAST) Sean/Kristin (FIRST) (MIDDLE)Address: 3945 Winnebago St. Louis, MO Zip Code 63116Telephone: 632-6508

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

K. Gay

Signature of Health Officer or Agent

Bethany Hoffmann

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73946

DATE OF VAC/REGISTRATION

6/11/09

VACCINE MANUFACTURER & LOT NO.

CLINIC IDENTIFICATION

Fort Rucker vet clinic

TYPE OF VACCINE

 1 YEAR 3 YEAR

REGISTRATION FEE:

\$ 4.00

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Jasmine Specific Breed DSHColor: tabby + white Age 3 yrs Size: S M L XL Sex: M F S NOwner's Name: Hoffmann (LAST) Sean/Kristin (FIRST) (MIDDLE)Address: 3945 Winnebago St. St. Louis, MO Zip Code 63116Telephone: 632-6508

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

K. Gay

Signature of Health Officer or Agent

Bethany Hoffmann

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73947

DATE OF VAC/REGISTRATION

6/11/09

VACCINE MANUFACTURER & LOT NO.

CLINIC IDENTIFICATION

Fort Rucker vet clinic

TYPE OF VACCINE

 1 YEAR 3 YEAR

REGISTRATION FEE:

\$ 4.00

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: KirraSpecific Breed Rottweiler mixColor: blk/tan Age 3 yrsSize: S M L XL Sex: M F S NOwner's Name: Hoffmann(LAST) Sean/Kristin (FIRST)

(MIDDLE)

Address: 3945 Winnebago St.Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73944DATE OF VAC/REGISTRATION
6/11/09

VACCINE MANUFACTURER & LOT NO.

CLINIC IDENTIFICATION

Fort Rucker Vet Clinic

TYPE OF VACCINE

 1 YEAR 3 YEAR

REGISTRATION FEE:

\$ 4.00

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: LacySpecific Breed Lob mixColor: golden Age 1 1/2 yrs.Size: S M L XL Sex: M F S NOwner's Name: Hoffmann(LAST) Sean/Kristin (FIRST)

(MIDDLE)

Address: 3945 Winnebago St.Telephone: 314-632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73948DATE OF VAC/REGISTRATION
8/16/09

VACCINE MANUFACTURER & LOT NO.

CLINIC IDENTIFICATION

Fort Rucker Vet Clinic

TYPE OF VACCINE

 1 YEAR 3 YEAR

REGISTRATION FEE:

\$ 4.00

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,

OWNER - 3rd COPY,

VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: RuggerSpecific Breed Rottweiler mixColor: blk/tan Age 1 1/2 yrs.Size: S M L XL Sex: M F S NOwner's Name: Hoffmann(LAST) Sean/Kristin (FIRST)

(MIDDLE)

Address: 3945 Winnebago St.Telephone: 632-6508 St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

VACCINATION / REGISTRATION NO.

73945DATE OF VAC/REGISTRATION
6/11/09

VACCINE MANUFACTURER & LOT NO.

Repto

CLINIC IDENTIFICATION

Fort Rucker Vet Clinic

TYPE OF VACCINE

 1 YEAR 3 YEAR

REGISTRATION FEE:

\$ 4.00

Chippewa Animal Hospital

Page 1 / 2

3850 Chippewa Street
 St. Louis, MO 63116
 (314) 772-0292

Kristin/Sean Hoffmann
 3945 Winnebago
 St. Louis City, MO 63116

Client ID: 1714/
 Invoice #: 202097
 Date: 7/23/2010

Patient ID:	3943	Weight:	
Patient Name:	Jazzmin	Birthday:	01/14/2008
Species:	Feline	Sex:	Spayed Female
Breed:	Domestic Shorthair		

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
7/23/2010	FVRCP Booster	Steve T. Pendino, DVM	1.00	\$12.11
	Feline Leukemia Booster		1.00	\$21.31
	Rabies Feline 3 Year Booster		1.00	\$33.37
	Rabies Certificate		1.00	\$5.95
	Wellness Exam w/ Vacc & OC		1.00	\$27.67
	Hazardous Waste Disposal		1.00	\$3.79
	Revolution 5-15 Lbs Feline		1.00	\$79.00
				Patient Subtotal: \$183.20

Reminder

07/23/2011 Feline Leukemia Booster
 FVRCP Booster

Jazzmin

07/23/2013 Rabies Feline 3 Year Booster

Patient ID:	3941	Weight:	
Patient Name:	Kirra	Birthday:	01/14/2008
Species:	Canine	Sex:	Spayed Female
Breed:	Rottweiler, Mix		

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
7/23/2010	Hearigard Plus 51-100 lbs 1 year	Steve T. Pendino, DVM	1.00	\$82.21
				Patient Subtotal: \$82.21

Reminder

06/11/2010 DHPP Booster (Adult)
 Rabies Canine 1 Year Booster
 Tracheobronchitis Vaccination

Kirra
Rugger
Jack

CHIPPWA ANIMAL HOSPITAL
 3850 CHIPPWA
 SAINT LOUIS MO 63116
 (314)772-0292
 Merchant ID: 000002713710
 Term ID: 00339666 Ref #: 0008

Sale
 11/30/49
 MASTERCARD Entry Method: Swiped
 Total: \$ 330.94
 07/23/10
 Inv #: 000008 Appr Code: 700342
 Approval: Online Batch#: 000043
 Customer Copy

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,
OWNER - 3rd COPY,
RABIES VACCINATION-REGISTRATION
VETERINARIAN - 4th COPY

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Jazzmine Specific Breed BSH - GoldenColor: Tan/tan Age 9 mo. Size: S M L XL Sex: M F S NOwner's Name: Kristin L. HoffmanOwner's Name: Kristin L. HoffmanOwner's Name: Kristin L. HoffmanOwner's Name: Kristin L. HoffmanAddress: 3945 Old Manchester (LAST) Kristin (FIRST) L. (MIDDLE)Telephone: 314-705-008 St. Louis, MO Zip Code 63110

Chippewa Animal Hospital

Page 1 / 2

3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Kristin/Sean Hoffmann

[REDACTED]
St. Louis City, MO 63116

Client ID: 17147
Invoice #: 203723
Date: 9/16/2010

Patient ID:	3941	Weight:	
Patient Name:	Kirra	Birthday:	01/14/2008
Species:	Canine	Sex:	Spayed Female
Breed:	Rottweiler, Mix		
<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
9/16/2010 Tracheobronchitis Vaccination	Bruce H. Kurka, DVM	1.00	\$19.46
Rabies Canine 3 Year Booster		1.00	\$33.37
Rabies Certificate		1.00	\$5.95
Wellness Exam w/ Vacc & OC		1.00	\$27.67
Hazardous Waste Disposal		1.00	\$3.79
Heartworm Lyme Ehrlichia & Anaplas Test		1.00	\$41.09
		Patient Subtotal:	\$131.33

Reminder

- 06/11/2010 DHPP Booster (Adult)
09/16/2011 Tracheobronchitis Vaccination
Heartworm Lyme Ehrlichia & Anaplas Test
09/16/2013 Rabies Canine 3 Year Booster

Patient ID:	3942	Weight:	
Patient Name:	Rugger	Birthday:	01/14/2008
Species:	Canine	Sex:	Neutered Male
Breed:	Rottweiler, Mix		
<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
9/16/2010 Tracheobronchitis Vaccination	Bruce H. Kurka, DVM	1.00	\$19.46
Rabies Canine 3 Year Booster		1.00	\$33.37
Rabies Certificate		1.00	\$5.95
Wellness Exam w/ Vacc & OC		1.00	\$27.67
Hazardous Waste Disposal		1.00	\$3.79
Heartworm Lyme Ehrlichia & Anaplas Test		1.00	\$41.09
		Patient Subtotal:	\$131.33

Reminder

- 06/11/2010 DHPP Booster (Adult)
09/16/2011 Tracheobronchitis Vaccination
Heartworm Lyme Ehrlichia & Anaplas Test
09/16/2013 Rabies Canine 3 Year Booster

Chippewa Animal Hospital

Page 2 / 2

3850 Chippewa Street
 St. Louis, MO 63116
 (314) 772-0292

Kristin/Sean Hoffmann

[REDACTED]
St. Louis City, MO 63116

Client ID: 17147
 Invoice #: 203723
 Date: 9/16/2010

Patient ID:	3944	Weight:	
Patient Name:	Jack	Birthday:	01/14/2008
Species:	Canine	Sex:	Male
Breed:	Pitbull Mix		

	Description	Staff Name	Quantity	Total
9/16/2010	Tracheobronchitis Vaccination	Bruce H. Kurka, DVM	1.00	\$19.46
	Rabies Canine 3 Year Booster		1.00	\$33.37
	Rabies Certificate		1.00	\$5.95
	Wellness Exam w/ Vacc & OC		1.00	\$27.67
	Hazardous Waste Disposal		1.00	\$3.79
	Heartworm Lyme Ehrlichia & Anaplas Test		1.00	\$41.09
			Patient Subtotal:	\$131.33

Reminder

- 06/11/2010 DHPP Booster (Adult)
- 09/16/2011 Tracheobronchitis Vaccination
Heartworm Lyme Ehrlichia & Anaplas Test
- 09/16/2013 Rabies Canine 3 Year Booster

CHIPPENDALE HOSPITAL
 3850 CHIPPENDALE
 SAINT LOUIS MO 63116
 314-772-0292

Merchant ID: 000002713710
 Term ID: 00339565 Ref #: 0011

Invoice Total:	\$393.99
Total:	\$393.99
Balance Due:	\$393.99
Previous Balance:	\$0.00
Balance Due:	\$393.99
Master Card:	(\$393.99)
Less Payment:	(\$393.99)
Balance Due:	\$0.00

Sale

*****8816

MASTERCARD Entry Method: Swiped

Total: \$ 393.99

09/16/10 18:12:05

Inv #: 000011 Appr Code: 780546

Apprvd: Online Batch#: 000889

Customer Copy

Chippewa Animal Hospital
3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Rabies Certificate

Client ID: 17147
Client Name: Kristin/Sean Hoffmann
Address: [REDACTED]
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3941
Patient Name: Kirra
Species: Canine
Breed: Rottweiler, Mix
Sex: Spayed Female
Color: blk/tan
Markings:
Birthday: 01/14/2008
Weight:

Tag Number: 13710
Lot Number: A600291 / 18047C
Producer: Pfizer / Merial
K / MLV: Killed Virus

Vaccination Date: 9/16/2010
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM
License Number:

714-28 (Rev 5/07)	HEALTH COMMISSIONER - 1st and 2nd COPY,	OWNER - 3rd COPY,	VETERINARIAN - 4th COPY
RABIES VACCINATION-REGISTRATION			
TYPE OR PRINT HARD. YOU ARE MAKING FOUR COPIES.			
Animal's Name: <u>Kirra</u>		Specific Breed <u>Rott. mix</u>	
Color: <u>blk/tan</u>	Age <u>3 yr</u>	Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Sex: <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> N
Owner's Name: <u>Hoffmann</u>	(LAST)	(FIRST)	(MIDDLE)
Address: <u>3163 Delmar Blvd</u>			
Telephone: <u>632-6508</u>		St. Louis, MO Zip Code <u>63116</u>	
This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.			
Signature of Health Officer or Agent <u>Bruce H. Kurka, D.V.M.</u>		Signature of Owner <u>Kristin L. Hoffmann</u>	
City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118			
VACCINATION / REGISTRATION NO. <u>13710</u>			
DATE OF VAC/REGISTRATION <u>9-16-10</u>			
VACCINE MANUFACTURER & LOT NO. <u>Merial</u>			
CLINIC IDENTIFICATION <u>Chippewa Animal</u>			
TYPE OF VACCINE <u>Rabies</u>			
YEAR <input type="checkbox"/> 1 YR <input checked="" type="checkbox"/> 3 YR			
REGISTRATION FEE: \$ <u>5.00</u>			

Chippewa Animal Hospital
3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Rabies Certificate

Client ID: 17147
Client Name: Kristin/Sean Hoffmann
Address: [REDACTED]
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3942
Patient Name: Rugger
Species: Canine
Breed: Rottweiler, Mix
Sex: Neutered Male
Color: blk/tan
Markings:
Birthday: 01/14/2008
Weight:

Tag Number: 13709
Lot Number: A600291 / 18047C
Producer: Pfizer / Merial
K / MLV: Killed Virus

Vaccination Date: 9/16/2010
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM
License Number:

714-28 (Rev 5/07)		HEALTH COMMISSIONER - 1st and 2nd COPY,	OWNER - 3rd COPY,	VETERINARIAN - 4th COPY
RABIES VACCINATION-REGISTRATION				
TYPE OR PRINT HARD. YOU ARE MAKING FOUR COPIES.				
Animal's Name: <i>Rugger</i>		Specific Breed <i>Rottweiler</i>		
Color: <i>blk/tan</i> Age <i>3 yr.</i>		Size: <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> XL <input type="checkbox"/> XXL	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> S <input checked="" type="checkbox"/> N	
Owner's Name: <i>Hoffmann, Kristin & Sean</i>		(LAST)	(FIRST)	(MIDDLE)
Address: <i>3945 Winnebago</i>				
Telephone: <i>632-6508</i>		St. Louis, MO Zip Code <i>63116</i>		
This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.				
Signature of Health Officer or Agent <i>Bruce H. Kurka, D.V.M.</i>		Signature of Owner <i>Kristin L. Hoffmann</i>		
City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118				
VACCINATION / REGISTRATION NO. <i>13709</i>				
DATE OF VAC/REGISTRATION <i>9-16-18</i>				
VACCINE MANUFACTURER & LOT NO. <i>Merial</i>				
CLINIC IDENTIFICATION <i>Chippewa Animal Hosp</i>				
TYPE OF VACCINE <input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR				
REGISTRATION FEE: \$ <i>5.95</i>				

Chippewa Animal Hospital
3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Rabies Certificate

Client ID: 17147
Client Name: Kristin/Sean Hoffmann
Address: [REDACTED]
St. Louis City, MO 63116

Phone: [REDACTED]

Patient ID: 3944
Patient Name: Jack
Species: Canine
Breed: Pitbull Mix
Sex: Male
Color: brown
Markings:
Birthday: 01/14/2008
Weight:

Tag Number: 13711
Lot Number: A600291 / 18047C
Producer: Pfizer / Merial
K / MLV: Killed Virus

Vaccination Date: 9/16/2010
Expiration Date: 9/16/2013

Staff Name: Bruce H. Kurka, DVM
License Number:

714-28 (Rev 5/07)

HEALTH COMMISSIONER - 1st and 2nd COPY,
OWNER - 3rd COPY,
RABIES VACCINATION-REGISTRATION

VETERINARIAN - 4th COPY

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES.

Animal's Name: Jack Specific Breed: Dog

Color: Brown Age: 1 yr Size: S M L XL Sex: M F S N

Owner's Name: Hoffmann, Kristin - Sean
(LAST) (FIRST) (MIDDLE)

Address: 3845 Ullman Woods

Telephone: 632-6308 St. Louis, MO Zip Code: 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Bruce H. Kurka, D.V.M.

Signature of Health Officer or Agent

Kristin L. Hoffmann

Signature of Owner

VACCINATION / REGISTRATION NO.
13711

DATE OF VAC/REGISTRATION
9-16-10

VACCINE MANUFACTURER & LOT NO.
Merial

CLINIC IDENTIFICATION
Chippewa Animal Hosp.

TYPE OF VACCINE

1 YEAR 3 YEAR

REGISTRATION FEE:

\$ 5.25

City of St. Louis, Animal Care and Control, 2120 Gasconade, St. Louis, MO 63118

2011 HOFFMANN PET VACCINE RECORDS

ADMINISTERED BY:

VACCINES ADMINISTERED BY SEAN HOFFMANN)

PURCHASED FROM:

BORDATELLA & 7-IN-1 SHOTS PURCHASED FROM PET CONNECTION

11/15/11 BORDATELLA (1YR) ADMINISTERED TO:

- AMBER
- JACK
- KIRRA
- LACY
- RUGGER

11/15/11 MULTI-VACCINATION SHOT (1YR) ADMINISTERED TO:

- AMBER
- JACK
- KIRRA
- LACY
- RUGGER



HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320
Invoice #: 79330
Date: 4/26/2012

Mr. Sean & Kristin R. Hoffmann

[REDACTED]
St. Louis, MO 63116

Patient ID:	3204	Weight:	111.50 pounds
Patient Name:	Rugger	Birthday:	04/02/2007
Species:	CANINE	Sex:	Neutered Male
Breed:	ROTTWEILER		

	Description	Staff Name	Quantity	Total
4/26/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.I	1.00	\$44.00
	Intestinal Parasite Fecal Screen		1.00	\$22.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	RABIES CANINE-3 YEARS		1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY		1.00	\$5.00
	DA2P ADULT-3 YEARS		1.00	\$31.50
	Trifexis 120lbs Brown 6 months		1.00	\$107.35
	Panacur Granules 4 gram		9.00	\$55.48
	Patient Subtotal:			\$358.33

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.

Reminder

04/26/2013 ANNUAL PREVENTATIVE CARE EXAM

4DX Annual Blood Parasite Screening

Bordetella Vaccination-INTRANASAL

Intestinal Parasite Fecal Screen

04/26/2015 DA2P ADULT-3 YEARS

RABIES CANINE-3 YEARS

714-28 (Rev. 10/10) **HEALTH COMMISSIONER** - 1st COPY - GREEN, **OWNER** - 2nd COPY - YELLOW,
RABIES VACCINATION-REGISTRATION SPAYED NEUTER VERIFICATION **VETERINARIAN** - 3rd COPY - PINK

TYPE OR PRINT HARD. YOU ARE MAKING THREE COPIES.

Animal's Name: Rugger Specific Breed Rottw.
 Color: Blk/Brown Age 5 yr Size: S M L XL Sex: M F S N
 Owner's Name: Hoffmann Sean + Kristin
 " AST) (FIRST) (MIDDLE)

Address: _____
 Telephone: _____ St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on

Eduardo Miguez, DVM
 Signature of Health Officer or Agent

Kristin Hoffmann
 Signature of Owner

City of St. Louis, Animal Control, 1520 Market Street, Room 4051, St. Louis, MO 63103

VACCINATION / REGISTRATION NO.	
<u>31664</u>	
DATE OF VAC/REGISTRATION	
<u>4/26/12</u>	
VACCINE MANUFACTURER & LOT NO.	
<u>Merini 18161A</u>	
CLINIC IDENTIFICATION	
<u>Hillside Animal Hospital</u>	
TYPE OF VACCINE	
<input type="checkbox"/> 1 YEAR	<input checked="" type="checkbox"/> 3 YEAR
REGISTRATION FEE:	
\$ <u>5.00</u>	

**HILLSIDE ANIMAL HOSPITAL**

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320
Invoice #: 79350
Date: 4/27/2012

Mr. Sean & Kristin R. Hoffmann

St. Louis, MO 63116



Patient ID:	5501	Weight:	57.50	pounds
Patient Name:	Amber	Birthday:	05/10/2008	
Species:	CANINE	Sex:	Spayed Female	
Breed:	LABRADOR MIX			

	Description	Staff Name	Quantity	Total
4/27/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	RABIES CANINE-3 YEARS	Dr. Edward J. Migneco, D.V.I	1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$5.00
	DA2P ADULT-3 YEARS	Dr. Edward J. Migneco, D.V.I	1.00	\$31.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	Trifexis 60 lbs Blue 6 months		1.00	\$103.68
	Panacur Granules 4 gram		3.00	\$21.16
	Panacur Granules 2 gram		3.00	\$14.80
	Patient Subtotal:			\$313.14

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.

Reminder

- 04/25/2013 Intestinal Parasite Fecal Screen
- 04/27/2013 ANNUAL PREVENTATIVE CARE EXAM
- 4DX Annual Blood Parasite Screening
- Bordetella Vaccination-INTRANASAL
- 04/27/2015 DA2P ADULT-3 YEARS
- RABIES CANINE-3 YEARS


HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320
Invoice #: 79350
Date: 4/27/2012

Mr. Sean & Kristin R. Hoffmann

[REDACTED]
[REDACTED]
[REDACTED]
St. Louis, MO 63116

Patient ID:	5896	Weight:	72.80	pounds
Patient Name:	Jack	Birthday:	06/12/2007	
Species:	CANINE	Sex:	Neutered Male	
Breed:	PITBULL MIX			

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/27/2012	ANNUAL PREVENTATIVE CARE EXAM	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Intestinal Parasite Fecal Screen		1.00	\$22.00
	RABIES CANINE-3 YEARS	Dr. Edward J. Migneco, D.V.I	1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY	Dr. Elizabeth A. Marziani, D.V.M.	1.00	\$5.00
	DA2P ADULT-3 YEARS	Dr. Edward J. Migneco, D.V.I	1.00	\$31.50
	Bordetella Vaccination-INTRANASAL		1.00	\$22.50
	Panacur Granules 4 gram		6.00	\$38.32
	Patient Subtotal:			\$233.82

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

DEWORMING-1ST: YOUR PET HAS HAD THE FIRST IN A SERIES OF DEWORMING TREATMENTS. THE SECOND TREATMENT IS DUE IN THREE WEEKS. DO NOT BE ALARMED IF YOUR PET PASSES WORMS IN THE STOOL OR IN SOME CASES, VOMITS UP THE WORMS. HOWEVER, IF WORMS DO NOT PASS, IT DOES NOT MEAN THAT THE MEDICINE HAS BEEN INEFFECTIVE.

Reminder

- 04/27/2013 Intestinal Parasite Fecal Screen
- ANNUAL PREVENTATIVE CARE EXAM
- 4DX Annual Blood Parasite Screening
- Bordetella Vaccination-INTRANASAL
- 04/27/2015 DA2P ADULT-3 YEARS
- RABIES CANINE-3 YEARS

**HILLSIDE ANIMAL HOSPITAL**

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean & Kristin R. Hoffmann
[REDACTED]
[REDACTED]

St. Louis, MO 63116

Client ID: 2320
Invoice #: 79350
Date: 4/27/2012

Invoice Total:	\$546.96
Total:	\$546.96
Balance Due:	\$546.96
Previous Balance:	\$0.00
Balance Due:	\$546.96
Master Card:	(\$546.96)
Less Payment:	(\$546.96)
Balance Due:	\$0.00

HILLSIDE ANIMAL HOSP
5325 MANCHESTER AVE
SAINT LOUIS, MO 63110
314-645-2141

TERMINAL I.D.: 1426
MERCHANT #: [REDACTED]

MASTERCARD
XXXXXXXXXX0716
SALE
BATCH: 000063 INU:000008
AUTH:705648

APR 27, 12 10:59

TOTAL \$546.96

KRISTIN L HOFFMANN

CUSTOMER COPY

714-28 (Rev. 10/10) **HEALTH COMMISSIONER - 1st COPY - GREEN,** **OWNER - 2nd COPY - YELLOW,**
RABIES VACCINATION-REGISTRATION SPAED NEUTER VERIFICATION**VETERINARIAN - 3rd COPY - PINK**

TYPE OR PRINT HARD. YOU ARE MAKING THREE COPIES.

Animal's Name: Amber Specific Breed Lab mix
 Color: Amber Age 3 yr 11 mo Size: S M L XL Sex: M F S N
 Owner's Name: Hoffmann (LAST) Sean + Kristin (FIRST) (MIDDLE)

Address: _____
 Telephone: _____ St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on _____.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Control, 1520 Market Street, Room 4051, St. Louis, MO 63103

VACCINATION / REGISTRATION NO.		
<u>31668</u>		
DATE OF VAC/REGISTRATION		
<u>4-27-12</u>		
VACCINE MANUFACTURER & LOT NO.		
<u>Merial 18161A</u>		
CLINIC IDENTIFICATION		
<u>Hillside An Hosp</u>		
TYPE OF VACCINE		
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR		
REGISTRATION FEE:		
\$ <u>5.00</u>		

714-28 (Rev. 10/10) **HEALTH COMMISSIONER - 1st COPY - GREEN,** **OWNER - 2nd COPY - YELLOW,**
RABIES VACCINATION-REGISTRATION SPAED NEUTER VERIFICATION**VETERINARIAN - 3rd COPY - PINK**

TYPE OR PRINT HARD. YOU ARE MAKING THREE COPIES.

Animal's Name: JACK Specific Breed PITBULL MIX
 Color: Brown Age 4 yr 10 mo Size: S M L XL Sex: M F S N
 Owner's Name: Hoffmann (LAST) Sean + Kristin (FIRST) (MIDDLE)

Address: _____
 Telephone: _____ St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed, neutered or scheduled for such on _____.

Signature of Health Officer or Agent

Signature of Owner

City of St. Louis, Animal Control, 1520 Market Street, Room 4051, St. Louis, MO 63103

VACCINATION / REGISTRATION NO.		
<u>31667</u>		
DATE OF VAC/REGISTRATION		
<u>4-27-12</u>		
VACCINE MANUFACTURER & LOT NO.		
<u>Merial 18161A</u>		
CLINIC IDENTIFICATION		
<u>Hillside An Hosp.</u>		
TYPE OF VACCINE		
<input type="checkbox"/> 1 YEAR <input checked="" type="checkbox"/> 3 YEAR		
REGISTRATION FEE:		
\$ <u>5.00</u>		

Jefferson Animal Hospital 2120 South Jefferson 772-4438

Date 8-24-12

Client Hoffmann

Patient (Jefferson) Mstr

(2)

CHARACTER OF SERVICE	Fee
----------------------	-----

CLINIC

- EXAMINATION AND OFFICE CALL
- RE-EXAM
- INJECTION
- EAR TREATMENT ANAL GLANDS
- PEDICURE
- EUTHANASIA AND DISPOSAL

PHARMACY

- | | | |
|--|-----------------------|-----|
| <input checked="" type="checkbox"/> TABLETS/CAPSULES | Capstar (25-125 lbs.) | 4- |
| <input type="checkbox"/> LIQUID | | |
| <input checked="" type="checkbox"/> DIET FOOD | Panacur granules x3 | 11- |
| <input type="checkbox"/> VITAMINS | O | |

IMMUNIZATIONS

- | | | |
|---|----------------------------------|-----|
| <input type="checkbox"/> DHLPP BOOSTER | | |
| <input type="checkbox"/> RABIES VACCINE | <input type="checkbox"/> LICENSE | |
| DISTEMPER-HEPATITIS - LEPTOSPIROSIS-PARAINFLUENZA-PARVO | | |
| <input checked="" type="checkbox"/> BORDETELLA | Intranasal | 24- |
| FELINE DISTEMPER-RHINOTRACHEITIS-CALICI-PNEUMONITIS | | |
| <input type="checkbox"/> FELINE LEUKEMIA VACCINE | | |

NEXT VACCINE RECOMMENDED

HOSPITAL

- | | |
|--|--|
| <input type="checkbox"/> SEDATION/TRANQUILIZER | <input type="checkbox"/> ANESTHETIC |
| <input type="checkbox"/> RADIOLOGY | (X-RAY) |
| <input type="checkbox"/> SURGERY | <input type="checkbox"/> FRACTURE FIXATION |
| <input type="checkbox"/> DENTISTRY | <input type="checkbox"/> WORMING |
| <input type="checkbox"/> MEDICINE/DRUGS | |
| FLUIDS/TRANSFUSIONS | |
| <input type="checkbox"/> HOSPITAL CARE AND BOARD | DAYS @ \$ |

- | | | | | |
|-------------------|---|--------------------------------------|-----------|-----|
| LABORATORY | <input checked="" type="checkbox"/> FECAL | <input type="checkbox"/> URINE | whipworms | 17- |
| heartworm | <input checked="" type="checkbox"/> BLOOD | <input type="checkbox"/> SKIN | | 35- |
| test | <input type="checkbox"/> CULTURE | <input type="checkbox"/> SENSITIVITY | | |
| (Negative) | <input type="checkbox"/> BIOPSY | <input type="checkbox"/> AUTOPSY | | |

TOTAL 91.00

Deposit

Previous Balance

RECHECK	Rx	TOTAL DUE
---------	----	-----------

Chippewa Animal Hospital

Page 1 / 1

3850 Chippewa Street
St. Louis, MO 63116
(314) 772-0292

Kristin/Sean Hoffmann

St. Louis City, MO 63116

Client ID: 17147
Invoice #: 221423
Date: 9/25/2012

Patient ID: 3943	Species: Feline	Weight:	
Patient Name: Jazzmin	Breed: Domestic Shorthair	Birthday: 01/14/2008	Sex: Spayed Female
Description	Staff Name	Quantity	Total
9/25/2012 FVRCP Booster	Steve T. Pendino, DVM	1.00	\$12.96
Feline Leukemia Booster		1.00	\$22.81
Wellness Exam w/ Vacc & OC		1.00	\$29.40
Hazardous Waste Disposal		1.00	\$4.06
Revolution 5-15 Lbs Feline		1.00	\$87.50
		Patient Subtotal:	\$156.73

Reminder

- 07/23/2013 Rabies Feline 3 Year Booster
09/25/2013 FVRCP Booster
Feline Leukemia Booster

Invoice Total: **\$156.73**
Total: **\$156.73**
Balance Due: **\$156.73**
Previous Balance: **\$0.00**
Balance Due: **\$156.73**
Master Card: **(\$156.73)**
Less Payment: **(\$156.73)**
Balance Due: \$0.00

CHIPEWA ANIMAL HOSPITAL
3850 CHIPEWA
SAINT LOUIS MO 63116
314-772-0292

Merchant ID: 000002713710
Term ID: 00339565 Ref #: 0002

Sale

*****0716

DEBIT Entry Method: Swiped

Total: \$ 156.73

09/25/12 10:20:28

Inv #: 000002 Appr Code: 009701

Apprvd: Online Batch#: 000076

HOFFMANN /KRISTIN L

Customer Copy



HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320
Invoice #: 85666
Date: 3/19/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann

[REDACTED]
[REDACTED]
[REDACTED]
St. Louis, MO 63116

Patient ID:	3204	Weight:	129.20 pounds
Patient Name:	Rugger	Birthday:	04/02/2007
Species:	CANINE	Sex:	Neutered Male
Breed:	ROTTWEILER/SHEPHERD MIX		

	Description	Staff Name	Quantity	Total
3/19/2013	ANNUAL PREVENTATIVE CARE EXAM	Dr. Elizabeth A. Marziani, D.V.	1.00	\$44.00
	Pre-Paid Intestinal Parasite Fecal Test		1.00	\$23.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	BORDETELLA VAX-ORAL		1.00	\$22.50
	Previcox 227 mg Individual Tab		7.00	\$26.75
	OM Canine 18#		1.00	\$42.40 T
				Patient Subtotal: \$199.15

Instructions

Your pet has been prescribed a nonsteroidal antiinflammatory medication to help treat pain. The most common side effects of this medication are GI in nature: vomiting, diarrhea, nausea, and ulcerations. This medication can also have adverse effects on the liver and kidneys. If your pet is on this medication for long periods of time, we will monitor kidney and liver enzymes 30 days after starting, the every 6 months.

Reminder

- 07/18/2013 Trifexis 60.1-120# BROWN 6-months
- 03/19/2014 Intestinal Parasite Fecal Screen
BORDETELLA VAX-ORAL
ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
- 04/26/2015 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
SAINT LOUIS MO 63110
(314) 645-2141

Merchant ID: 640103815
Term ID: 1212

Sale

MASTERCARD

XXXXXX8816

Entry Method: Swiped

Apprvd: Online Batch#: 000000
03/19/13 14:33:31

Inv#: 00000015 Appr Code: H73980

4455
Total: \$ 202.75

Invoice Total:	\$199.15
Sales Tax :	\$3.60
Total:	\$202.75
Balance Due:	\$202.75
Previous Balance:	\$0.00
Balance Due:	\$202.75
Master Card:	(\$202.75)
Less Payment:	(\$202.75)
Balance Due:	\$0.00

Thank you for visiting us today. We appreciate our clients very much. Please visit our website at Hillsideanimalhospital.net !!!


HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320
Invoice #: 86177
Date: 4/15/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann
[REDACTED]
[REDACTED]
[REDACTED]

St. Louis, MO 63116

Patient ID:	3204	Weight:	129.20 pounds
Patient Name:	Rugger	Birthday:	04/02/2007
Species:	CANINE	Sex:	Neutered Male
Breed:	ROTTWEILER/SHEPHERD MIX		

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/15/2013	Trifexis 5-10# PINK 6-months Previcox 227 mg Individual Tab	Dr. Edward J. Migneco, D.V.I	1.00 7.00	\$93.37 \$26.75
			Patient Subtotal:	\$120.12

Instructions

Your pet has been prescribed a nonsteroidal antiinflammatory medication to help treat pain. The most common side effects of this medication are GI in nature: vomiting, diarrhea, nausea, and ulcerations. This medication can also have adverse effects on the liver and kidneys. If your pet is on this medication for long periods of time, we will monitor kidney and liver enzymes 30 days after starting, the every 6 months.

Reminder

- 07/18/2013 Trifexis 60.1-120# BROWN 6-months
- 10/15/2013 Trifexis 5-10# PINK 6-months
- 03/19/2014 Intestinal Parasite Fecal Screen
BORDETELLA VAX-ORAL
ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
- 04/26/2015 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR



HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320
Invoice #: 86177
Date: 4/15/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann

[REDACTED]
[REDACTED]
[REDACTED]
St. Louis, MO 63116



Patient ID:	5501	Weight:	61.10 pounds
Patient Name:	Amber	Birthday:	04/17/2008
Species:	CANINE	Sex:	Spayed Female
Breed:	LABRADOR MIX		

	Description	Staff Name	Quantity	Total
4/15/2013	ANNUAL PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.I	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Pre-Paid Intestinal Parasite Fecal Test		1.00	\$23.00
	BORDETELLA VAX-ORAL		1.00	\$22.50
	Trifexis 60.1-120# BROWN 6-months		2.00	\$193.22
				Patient Subtotal:
				\$323.22

Reminder

- 04/26/2013 Trifexis 40.1-60# BLUE 6-months
- 10/15/2013 Trifexis 60.1-120# BROWN 6-months
- 04/15/2014 BORDETELLA VAX-ORAL
 - 4DX Annual Blood Parasite Screening
 - ANNUAL PREVENTATIVE CARE EXAM
 - Intestinal Parasite Fecal Screen
- 04/27/2015 DA2P ADULT-3 YEARS
 - CANINE RABIES VACCINATION-3 YEAR

Invoice Total:	\$443.34
Total:	\$443.34
Balance Due:	\$443.34
Previous Balance:	\$0.00
Balance Due:	\$443.34
Master Card:	(\$443.34)
Less Payment:	(\$443.34)
Balance Due:	\$0.00

Customer Copy

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE.
SAINT LOUIS MO 63110
314-645-2141
Merchant ID: 645143375
Term ID: 1212

Sale

MASTERCARD

XXXXXX888888888888

Entry Method: Swiped

Approved: Online Batch#: 003009
04/15/13 13:15:27

Inv#: 645143375 Appr Code: H86238

Total: \$ 443.34



HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320
Invoice #: 86250
Date: 4/18/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann
██████████
St. Louis, MO 63116

Patient ID: 5896 Weight: 79.20 pounds
Patient Name: Jack Birthday: 03/13/2007
Species: CANINE Sex: Neutered Male
Breed: PITBULL MIX

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/18/2013	SENIOR PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.I.	1.00	\$44.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	Intestinal Parasite Fecal Screen		1.00	\$23.00
	BORDETELLA VAX-ORAL		1.00	\$22.50
	Clindamycin 300 mg - antibiotics for paw wound		14.00	\$12.68
		Patient Subtotal:		\$142.68

Instructions

YOUR PET HAS REACHED THE AGE WHERE HE/SHE IS MORE PRONE TOWARD SERIOUS HEALTH PROBLEMS SUCH AS KIDNEY DISEASE, HEART DISEASE OR LIVER PROBLEMS. WE RECOMMEND THAT YOUR PET BE GIVEN A GERIATRIC PHYSICAL EVERY 6 MONTHS TO HELP US DETECT ANY HEALTH PROBLEMS.

Reminder

- 09/18/2013 Trifexis 60.1-120# BROWN 6-months
10/18/2013 SENIOR PREVENTATIVE CARE EXAM
04/18/2014 4DX Annual Blood Parasite Screening
BORDETELLA VAX-ORAL
Intestinal Parasite Fecal Screen
04/27/2015 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR

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MASTERCARD
XXXXXXXXXXXX8816
Entry Method: Swiped
Acctprvd: Online Batch#: 000002
04/18/13 14:17:35
Line#: 00000009 Appr Code: H66379

Invoice Total:	\$142.68
Total:	\$142.68
Balance Due:	\$142.68
Previous Balance:	\$0.00
Balance Due:	\$142.68
Master Card:	(\$142.68)
Less Payment:	(\$142.68)
Balance Due:	\$0.00

Thank you for visiting us today. We appreciate our clients very much. Please visit our website at Hillsideanimalhospital.net !!!



HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320
Invoice #: 88036
Date: 7/11/2013

Mr. Sean R. Hoffmann and Kristin Hoffmann
[REDACTED]
St. Louis, MO 63116

Patient ID:	3244	Weight:	47.00	pounds
Patient Name:	Dancer	Birthday:	07/10/2012	
Species:	CANINE	Sex:	Spayed Female	
Breed:	BOXER MIX			

	Description	Staff Name	Quantity	Total
7/11/2013	ANNUAL PREVENTATIVE CARE EXAM	Dr. Edward J. Migneco, D.V.I	1.00	\$44.00
	Intestinal Parasite Fecal Screen		1.00	\$23.00
	4DX Annual Blood Parasite Screening		1.00	\$40.50
	CANINE RABIES VACCINATION-3 YEAR		1.00	\$30.00
	RABIES LICENSE-ST LOUIS CITY		1.00	\$5.00
	DA2P ADULT-3 YEARS		1.00	\$31.50
	BORDETELLA VAX-ORAL		1.00	\$22.50
	LEPTOSPIROSIS VACCINATION-1 YEAF		1.00	\$20.00
	Cerenia Tabs 160 mg 4ct		1.00	\$34.00
	Trifexis 40.1-60# BLUE 6-months		1.00	\$110.00
	Patient Subtotal:			\$360.50

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

- 01/11/2014 Trifexis 40.1-60# BLUE 6-months
07/11/2014 LEPTOSPIROSIS VACCINATION-1 YEAR
ANNUAL PREVENTATIVE CARE EXAM
4DX Annual Blood Parasite Screening
BORDETELLA VAX-ORAL
Intestinal Parasite Fecal Screen
07/11/2016 DA2P ADULT-3 YEARS
CANINE RABIES VACCINATION-3 YEAR